

Culture and mental health of women in South-East Asia

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This article reviews the impact of cultural factors on mental health of South Asian women. Marked gender discrimination in South Asia has led to second class status of women in society. Their mobility, work, self-esteem and self-image, in fact their worth and identity, seem to depend upon the male members of a patriarchal society. Women's lack of empowerment and both financial and emotional dependence have restricted their self-expression and choices in life. This, along with family, social and work pressures, has a definite impact on women's mental health.

Key words: Culture, mental health, women, patriarchal society, cultural violence

South-East Asia is the most heavily populated and amongst the poorest regions in the world. It faces enormous social, economic and health challenges, including pervasive inequality, violence, political instability and high burden of diseases.

When women's health has been addressed in this region, activities have tended to focus on issues associated with reproduction, such as family planning and child-bearing, while women's mental health has been relatively neglected.

In South-East Asia, most of the societies are predominantly patriarchal. The customary thought of people is that "girls are born to be fed throughout their lives" and "boys are born to earn and support the whole family". This thought is reflected through certain discriminative behaviors of people. The birth of a baby boy is celebrated with fervor even in very poor families, and they look for every possibility for celebration on the occasion of birth of a male child even if they have to take loan for it. On the other hand, the birth of a baby girl is not welcomed. The situation is even worse in some rural areas of India where the girls are even deprived of their right to live. Sex selection during pregnancy is still rampant in India, where women are forced to abort a female fetus. In one of the rural areas of India, it happened that, when a woman came home from hospital cradling her newborn daughter, her mother-in-law mashed a poisonous coriander into the dollop of oil and forced it down the infant's throat. The reason behind it was that sacrificing a daughter guarantees a son in next pregnancy. In Pakistan, although such extreme behaviors are not practiced, the couples are often forced by elderly members of family, particularly mother-in-laws, to keep on taking chances for the birth of a baby boy, which in many cases results in the birth of five or six girls.

In this region, some ancient traditions and customs are still followed promoting various forms of violence against women. These include honor killings, exchange marriages, marriage to Quran, Karo-kari, bride price, dowry, female circumcision, questioning women's ability to testify, confinement to home, denying their right to choose the partner. In some rural areas of Sindh, Pakistan and Punjab, India, girls are deprived of their marriage rights only to

keep the property in the family. A cruel custom asking the girl to swear on Quran that she will leave her share of property to brothers adds misery to the already miserable lives of these incarcerated women.

The cultural norms prevailing in South-East Asia perpetuate the subordinate position of women socially and economically. In this region, very often young unmarried girls and women suffer tremendous physical and psychological stress due to the violent behavior of men. The nature of violence includes wife-beating, murder of wife, kidnapping, rape, physical assault, and acid throwing. The most frequent causes for acts of violence are domestic quarrels due to the inability of a woman's family to make dowry payments at time of marriage. Besides that, many women and young children from South-East regions are trafficked and forced into prostitution, undesired marriages and bonded labor. Illiteracy, political forces, a feudal and tribal culture, misunderstanding and misinterpretation of religious principles, and above all a girl's low status in the society encourage and sustain sexual exploitation of women. The trafficked victims face violence, intimidation, rape and torture from the employers, brothel owners and even law enforcement agents. This sexual servitude is maintained through overt coercion, physical abuse, emotional blackmail, economic deprivation, social isolation and death threats (1). Customs and traditions are often used to justify violence (2).

The present scenario in South-East Asia is still dramatic particularly in the rural and feudal areas, where the tribal chief and the Jirga remain in command. Non-governmental organizations, women rights movements, Amnesty International and human rights workers periodically manage to follow-up the victims of violence and bring the culprits to justice.

IMPACT OF CULTURAL VIOLENCE ON WOMEN'S MENTAL HEALTH

A meta-analysis of 13 epidemiological studies in different regions of India revealed an overall prevalence rate of mental disorders in women of 64.8 per 1000. Women had

significantly higher prevalence rates for neuroses, affective disorders and organic psychoses than men (3). A survey carried out in Nepal demonstrated that women had a higher psychiatric morbidity than men, with a sex ratio of 2.8:1 in the health post, and 1.1:1 in the district hospital (4). A study in Bangladesh showed that the sex ratio for mental disorders was 2:1 and that for suicide was 3:1 (5).

A study carried out in Pakistan (6) showed that factors associated with depressive disorders in upper and middle class women were marital conflicts (25.5%), conflict with in-laws (13%), financial dependency (10%), lack of meaningful job (14%), and stress of responsibilities at home and at work (9%). Another study conducted in the same country (7) revealed that the most frequent factors forcing women to commit suicide were conflicts with husband and in-laws. The women who face domestic violence from husband and in-laws have no way out, because the system considers these acts of violence as acceptable. The police and law enforcement agencies are normally reluctant to intervene, considering it a domestic dispute. If the woman abandons her marriage, she has to face innumerable problems, like non-acceptance from society, financial constraints and emotional problems of children growing up without father. The tendency of women to internalize pain and stress, and their lower status with less power over their environment, render them more vulnerable to depression when under stress.

It is generally accepted that employment generally has a beneficial effect on psychological health. It brings interest and fulfillment, structure and sense of control as well as income, social status and social contacts. Women in South-East Asia have fewer opportunities for paid jobs, which affects their mental well-being.

In some regions of South East Asia, violence has reached staggering levels; in a recent population-based study from India, nearly half of women reported physical violence (8). In most of South Asian countries, only women are thought to be responsible for producing the next generation, and the blame for the absence of the desired number of children is unquestioningly placed on them, leading to a destabilization of their social status (9-11). Studies have revealed that severe emotional harassment is experienced by a large number of these women in their marital homes in the form of ostracism from family celebrations, taunting and stigmatization, as well as beating, and withholding of food and health care (12,13). A study carried out in Karachi explored the experiences among women suffering from secondary infertility: 10.5% of them reported they were physically and verbally abused by husbands and 16.3% by in-laws. Nearly 70% of women facing physical abuse and 60% of those facing verbal abuse suffered severe mental distress (14).

There are several types of violence against women, not all of which take the form of brutal assaults. Demands by society on widows, however young they were, to lead a rigidly austere life, socially isolated and without any access to men, have been condoned for ages as necessary measures to keep them from temptation and sin. The practice of

“*sati*” in certain parts of India, by which the wife threw herself into the funeral pyre of her husband, has been documented in the not too distant past. Such behaviors of self-denial, torture and even death are indeed sanctified and glorified and there are even temples erected for the goddess of *sati*.

The rate of mental distress has been reported to be high also in working women in South-East Asian countries, and cultural factors are among the contributing variables (15). This mental distress usually remains unacknowledged (16). Finally, the recent economic reforms in South-East Asia have been accompanied by a rise in the incidence of reported domestic violence, rape and alcohol abuse (17).

CONCLUSIONS

Even in the new millennium, women in South Asia are deprived of their socio-economic and legal rights. They live in a system where religious injunctions, tribal codes, feudal traditions and discriminatory laws are prevalent. They are beset by a lifetime social and psychological disadvantage, coupled with long years of child bearing. They often end up experiencing poverty, isolation and psychological disability. In some urban regions of South-Asian countries, women's social roles have changed to some extent. They have now comparatively more opportunities for education, employment and enjoyment of civil rights within society. However, the de-stereotyping of the gender roles which have been traditionally assigned by our society is still far away.

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